



## APPLICATION CHECKLIST

ADDRESS CONFIDENTIALITY PROGRAM

P.O. Box 91301

Baton Rouge, LA 70821-1301

225-925-4792

800-825-3805

[acp@sos.louisiana.gov](mailto:acp@sos.louisiana.gov)

### My responsibilities as an Address Confidentiality Program (ACP) participant are as follows:

- ☐ I will use my legal name and provide factual and accurate information when completing the ACP application.
- ☐ I will reside at a location that is unknown to my perpetrator.
- ☐ I will not purchase or own real property (i.e. land, house) in my name while I am a participant of the ACP.
- ☐ I will accept responsibility for all mail that the ACP forwards to me.
- ☐ I will make sure my ACP code number is on all of my mail.
- ☐ I will inform my business/personal contacts directly of my new mailing address and **not** file a change of address form with the United States Postal Service.
- ☐ I will notify the ACP if my (or a co-applicant's) Authorization Card is lost or stolen.
- ☐ I will notify state and local government agencies that I am a participant in the ACP and that I want to use the substitute address. I must present a valid ACP Authorization Card when making this request.
- ☐ I will notify persons who use my substitute address that this is no longer my mailing address when I am no longer a participant in the ACP.
- ☐ I will not misrepresent my participation in the ACP and will abide by the rules and guidelines of the program.
- ☐ I will not use the ACP to avoid legal action or to hide from legal responsibilities.

### I understand the following conditions:

- State and local government agencies must accept a program participant's substitute address when creating new public records. If I give an agency my actual address, that agency may not be legally obligated to keep my information confidential and may possibly share my information with other agencies.
- Private companies such as banks, telephone companies, utility companies, insurance companies, credit card companies, and department stores do not have to accept a program participant's substitute address; however, I (or an advocate on my behalf) can request that they accept my ACP substitute address.
- Participation in the ACP lasts for four (4) years unless I withdraw or am cancelled prior to that time. I may renew my certification by applying within 30 days prior to expiration of my certification.
- The ACP is a program participant's legal agent for service of process and receipt of mail and legal documents.
- The ACP will forward all first-class, certified and registered mail to a program participant's mailing address as first-class mail. The ACP will not forward magazines, packages or junk mail.
- The ACP will forward mail only to program participants and co-participants listed on the application.
- The ACP will not release a program participant's actual address or telephone number to a third party **UNLESS** the information is requested by a law enforcement agency for official use or the information is required by a court order.
- The ACP will verify the enrollment of an ACP participant if requested to do so by a government agency for official use only.

### I will be cancelled from the ACP for the following reasons:

- I knowingly submit false information on my ACP application.
- I fail to notify the ACP of a legal name change within 30 days of the change.
- I fail to notify the ACP of a change in address or telephone number within 7 days of the change.
- I am not residing in Louisiana.
- I fail to respond to ACP requests and/or renewal notices.
- Mail that was forwarded to me is returned to the ACP as undeliverable.
- I request the ACP cancel my participation.

If certification in the ACP is cancelled for not complying with the aforementioned reasons, an appeal of this decision can be made within 30 days.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*I helped this Applicant develop an overall safety plan and I believe this safety plan should include the ACP. I have reviewed each item on this checklist with the Applicant.*

Signature of Application Assistant \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call the 225-925-4792 or 1-800-825-3805

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